

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number Q95836  Confirmation Number 2917	
<b>FY 2009</b>			
<i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>			
Application Number    10/586,858		Filing Date    October 27, 2006	
For    PRESSURE SENSITIVE ADHESIVE COMPOSITION			
Art Unit    1796		Examiner Name    Robert S. LOEWE	
<b>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</b>			
<b>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</b>			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$130.00	\$65.00
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))		\$490.00	\$245.00
<input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3))		\$1110.00	\$555.00
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))		\$1730.00	\$865.00
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))		\$2350.00	\$1175.00
<input type="checkbox"/> Previous Payment Amount		Date Submitted _____	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, <b>except for the Issue Fee and the Publication Fee</b> , or credit any overpayment, to Deposit Account Number 19-4880.			
I am the		<input type="checkbox"/> applicant/inventor	
		<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.	
		<input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).	
		<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>61,446</u>	
		<input type="checkbox"/> attorney or agent under 37 CFR 1.34.	
		<input type="checkbox"/> Registration number if acting under 37 CFR 1.34	
WASHINGTON OFFICE <b>23373</b> CUSTOMER NUMBER			
<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> / Travis B. Ribar /		<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> June 8, 2011	
Signature		Date	
<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> Travis B. Ribar		<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> (202) 293-7060	
Typed or printed name		Telephone Number	
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.			